

Case Number:	CM14-0046475		
Date Assigned:	07/02/2014	Date of Injury:	01/15/2009
Decision Date:	08/12/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported an injury on 01/15/2009 due to an unknown mechanism. The injured worker had complaints of persistent pain to the neck and bilateral shoulders. There were also complaints of constant pain in the lumbar area, and complaints of left knee pain. Examination on 01/29/2014 revealed cervical spine tenderness over the cervical region, spinous process, paraspinal muscle, and trapezius muscle. Range of motion for the cervical spine was flexion was to 60 degrees, extension was to 10 degrees, right bending was to 10 degrees, left bending was to 10 degrees, right rotation was to 10 degrees, and left rotation was to 10 degrees. Cervical compression test was positive on the right and the left. Examination of the lumbar spine revealed loss of lumbar lordosis. There was muscle tenderness on palpation of the paraspinal in the lumbar spine. Lumbar spine range of motion flexion was to 60 degrees, extension was to 10 degrees, right bending was to 10 degrees, left bending was to 10 degrees, right rotation was to 10 degrees, and left rotation was to 10 degrees. Straight leg raising test right was to 60 degrees, with pain. Left was to 60 degrees with pain. The injured worker at the time of this examination was taking tramadol and Naprosyn for pain. The injured worker had an MRI scan of the lumbar spine that revealed 3 to 4 mm disc protrusion at the L4-5 and a 4 to 5 mm disc protrusion at the L5-S1. She also has a 2 mm anterolisthesis of the L4 on L5, and 3 mm anterolisthesis of the L5 on S1. Cervical spine showed a 2 to 3 mm disc protrusion at the C4-5 level. MRI of the left knee dated 11/21/2009 revealed moderate fluid within the knee joint, collapsed Baker's disc, 1.3 cm lesion in the distal femur of indeterminate nature and etiology, chondromalacia patella, patellofemoral joint arthropathy, sprain of the medial collateral ligament, sprain/tear of the anterior cruciate ligament, sprain of the posterior cruciate ligament, and arthritic changes in the knee joint. It was also noted in the physical examination the injured worker underwent L4-5 and L5-S1 transforaminal bilateral injection 06/28/2011, 08/09/2011,

and 09/23/2011. Alleviation of pain was 70% without a reported length of time. The injured worker also underwent cervical epidural steroid injections at the C4-5 and C5-6 bilaterally. This was done 11/2011, which alleviated 60% of the injured worker's pain for an unknown amount of time. It was also reported that the injured worker was to continue with physiotherapy and chiropractic treatment as directed. The injured worker was prescribed additional medication of Norco 7.5/325 (one every day as needed for pain), Prilosec 20 mg (1 every day for upset stomach), Genicin 500 mg (1 tablet 3 times a day for joint pain), and Zipsor 25 mg (1 tablet twice a day for inflammation). No other previous treatment modalities were reported. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 7.5/ 325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Reported pain relief before and after the medication were not reported. Also, the provider did not indicate a frequency for the medication on the request. The California Medical Treatment Utilization Schedule states that actions should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Urine toxicology screening should be done on a random and regular basis. The 4A's were not adequately documented to include pain relief from the medication or functional improvement and side effects and aberrant behavior were not discussed. The frequency of the medication was not provided in the request as submitted. Therefore, the request is not medically necessary and appropriate.

Prilosec 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: It was not noted in the document provided that the injured worker had any complaints of gastrointestinal events. The California Medical Treatment Utilization Schedule states to determine if the patient is at risk for gastrointestinal events, if the injured worker is 65 years of age or older; if there is a history of peptic ulcer, GI bleeding or perforation; if the injured worker has a current use of aspirin, corticosteroids, and/or an anticoagulant. Also the guidelines state that if the injured worker is taking a high dose/multiple NSAIDs, you may consider prescribing a proton pump inhibitor. For injured workers at intermediate risk for gastrointestinal events and no cardiovascular disease, the guidelines suggest a nonselective NSAID with either a proton pump inhibitor, for example 20 mg omeprazole daily or misoprostol 200 ugs 4 times daily. Long term use of proton pump inhibitors (greater than 1 year) has been shown to increase the risk of hip fracture. There was no reported rationale or medical necessity stating the injured worker was having symptoms of gastrointestinal events, or was at risk for gastrointestinal events. The request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary and appropriate.

Genicin 500 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: Genicin is the same as glucosamine, which is a medication used for joint pain. The California MTUS states that glucosamine is recommended as an option in low risk patients with moderate arthritis pain, especially for knee osteoarthritis. Symptomatic efficacy described in multiple studies performed with glucosamine sulfate support continued consideration in the osteoarthritis therapeutic regimen. Compelling evidence exists that glucosamine sulfate may reduce the progression of knee osteoarthritis. It is noted that the injured worker did not have a diagnosis of osteoarthritis of the knee. The efficacy of the medication was not provided to support continuation. The request submitted for Genicin 500 mg does not indicate a frequency for the medication. Therefore, the request is not medically necessary and appropriate.